

MDR Tracking Number: M5-04-0856-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-20-03.

The IRO reviewed manual therapy, office visits with manipulation, unlisted therapeutic procedures, vasopneumatic devices, therapeutic procedures, myofascial release, office visits, physical medicine, neuromuscular re-education and electrical stimulation rendered from 12-16-02 through 07-29-03 that were denied based "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

A review of the benefit dispute agreement signed by the parties on 07-31-03 established entitlement of medical benefits for the compensable body areas of elbow, wrist and hand. The neck was not related. The insurance carrier raised no other issue other than "E" entitlement for dates of service 11-20-02 through 09-26-03. A review of the SOAP notes submitted are vague in reporting treatment to specific body areas. The Medical Review Division is unable to order the insurance carrier to reimburse for treatment to compensable injuries when records show treatment may also have been given to non-compensable areas.

This Findings and Decision is hereby issued this 22nd day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees as determined to be medically necessary by the IRO decision including manual therapy, office visits with manipulation, unlisted therapeutic procedures, vasopneumatic devices, therapeutic procedures, myofascial release, office visits, physical medicine, neuromuscular re-education and electrical stimulation in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 12-16-02 through 07-29-03 in this dispute.

This Order is hereby issued this 22nd day of July 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL:dlh

February 4, 2004

Amended June 30, 2004

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ sustained a repetitive stress injury to her right upper extremity resulting from her employment as a customer service representative. She had an abnormal nerve conduction study that revealed ulnar nerve entrapment at the cubital tunnel. Her treating doctor rendered physical therapy and therapeutic exercises in an attempt to decrease the patient's symptoms and strengthen the area. This was accomplished while appropriately seeking surgical opinions in a timely fashion. An ulnar nerve release with anterior transposition and a median nerve release at the wrist were performed after a significant delay in approval for the procedure. The length of time prior to the surgery contributed to the chronic nature of her condition, thereby complicating her recovery. Post-surgical therapy and rehabilitative exercises were performed in an effort to stabilize the areas.

DISPUTED SERVICES

Under dispute is the medical necessity of manual therapy, office visits with manipulation, unlisted therapeutic procedures, vasopneumatic devices, therapeutic procedures, myofascial release, office visits, physical medicine, neuromuscular reeducation and electrical stimulation for dates of service spanning 12/16/02 through 7/29/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Upon review of the patient's record, the treating doctor made an appropriate referral for surgery when ___ condition was slow to improve with conservative measures. The pre- and post-surgical therapy and exercises were appropriate and were intended to bring her case to a successful conclusion. All services and activities are properly documented and include subjective, as well as objective notations in response to the treatment. This treatment appears to be reasonable and necessary, as it was designed to increase function and controlling symptoms so she could return to gainful employment. The TWCC Medicine Ground Rules state on page, 31, 1 (A) 2 that the treatment in question should be "specific to the injury and provide potential improvement of the patient's condition." ___ treatments were medically necessary, as they intended to "cure or relieve" the symptoms resulting from the compensable injury as outlined in the Texas Worker's Act, section 401.001 (31).

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,